



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PARKVIEW WHITLEY HOSPITAL

City of Hospital: Columbia City

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Lisa Peppler

Email Address: fp09pepp@embarqmail.com

Medicare Provider Number: 15-0101

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$50607488
Outpatient Patient Service Revenue	\$215250361
Total Gross Patient Service Revenue	\$265857849

2. Deductions From Revenue

Contractual Allowance	\$170383595
Other Deductions	\$0
Total Deductions	\$170383595

3. Total Operating Revenue

Net Patient Service Revenue	\$95474254
Other Operating Revenue	\$4093451
Total Operating Revenue	\$99567705

4. Operating Expenses

--	--	--	--

Salaries and Wages	\$19153419	Employee Benefits	\$6396404
Depreciation and Amortization	\$2921351	Interest Expense	\$100096
Bad Debt	\$14284687	Other Expenses	\$50105772
Total Operating Expenses	\$92961729		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$6605977	Total Assets	\$128120921
Net Non-operating Gains over Loss	\$6533468	Total Liabilities	\$17625128
Total Net Gains	\$13139445		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$105025542	\$85541093	\$19484449
Medicaid	\$48898955	\$46020344	\$2878611
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$111933352	\$38822158	\$73111194
Total	\$265857849	\$170383595	\$95474254

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$92238	\$-92238

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$1200	\$-1200
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$12045	\$-12045

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	104271
Number of Citizens Exposed to Health Education Messages	41178

Statement Six: Charity Statement

Hospital Charity Charges	\$0
--------------------------	-----

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$937677	
HCI Payments	\$0		
Subtotal	\$0	\$937677	\$-937677
Medicaid Shortfalls	\$7484711	\$13704629	
Subtotal	\$7484711	\$13704629	\$-6219918
DSH Payments	\$0		

	Subtotal	\$7484711	\$13704629	\$-6219918
Medicare Shortfalls		\$19382987	\$22723408	
Other Government Programs		\$0	\$0	
	Total	\$26867698	\$36428037	\$-9560339

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$14239	\$59343	\$-45104
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$51189	\$-51189

Comments

//